

LOWER SAUCON TOWNSHIP

Volunteer Information Form

Name		Date	
Address			
City		State	Zip
Phone		Fax	
Email Address			

Occupation		Company	
Business Address			
City		State	Zip
Phone		Fax	
Email Address			

VOLUNTEER BOARD/COMMISSION(S)

Check here if you're willing to serve wherever needed. (Indicate preferences for service)

1st Choice _____

2nd Choice _____

Skills, abilities and experiences relevant to board or commission applying for:

Please tell us why you would like to serve as an appointed volunteer on a Township board or commission and describe your vision for Lower Saucon Township's future:

Please attach a resume and/or letter of interest.
Thank you for volunteering your valuable time and talents!